



Teen Central

A WCCA TV13 Youth Program



APPLICATION – PLEASE PRINT CLEARLY

NAME:

ADDRESS:

Street

City/State/Zip

PHONE:

EMAIL:

AGE:

Check appropriate box: Basic Production Intermediate Production Power Team

1. How did you hear about Teen Central?
2. Why are you interested in joining Teen Central?
3. What aspects of television production are you most interested in? (on air talent, behind the scenes (writing/sets), interviews, crew, independent productions, etc.)
4. Do you have any experience in television or multi-media production?
5. What are your hobbies or other interests?

I, _____ agree to comply with the rules and procedures for WCCA and participating Teen Central and understand that non-compliance with these rules can result in my termination from the program.

Signature of Applicant

Date

I hereby release to WCCA TV13 rights to my child's image, likeness and the sound of their voice as recorded for the purpose of Teen Central programming or promotions and cable cast. I also give my permission to communicate via email regarding related Teen Central programming.

Parent/Guardian Signature (if participant is under 18)

Date

OFFICE USE: Application Received: _____ Emergency Info Received: _____